

**Massachusetts Department of Social Services  
Consensus Building Process Concerning  
Public/Private Roles and Responsibilities and Decision Making**

A clear and coherent design and delineation of the roles and responsibilities of DSS and its contracted lead agencies is fundamental to the vision for the system of care. The recommendations of the Department's Procurement Review Workgroup for designing, managing, and purchasing an integrated service system, included a recommendation that lead agencies be held accountable for outcomes. The Workgroup further noted that if DSS were to hold lead agencies accountable for outcomes, then it would have to clarify their role in the public / private partnership and delegate an appropriate and commensurate level of decision-making authority. While the Workgroup explored the possible roles that providers could play in the service system and recommended the use of lead agencies, it did not have the purview to address the complicated questions that its recommendation raised about the role and responsibilities of DSS itself as they relate to those of lead agencies. The system of care procurement provides a rare opportunity for DSS staff, with the assistance of the provider community and families, to conduct a comprehensive, honest examination of this question. Given the complex interplay of philosophy and values; regulation and policy; operational procedures; and field reality and daily practice, DSS believes that using a facilitated consensus-building process will produce the most creative results.

Consensus building is a process that helps groups reach agreements and resolve issues in a manner that respects the interests of all participants. The goal is to reach more creative and widely supported agreements than might otherwise be arrived at through traditional "decide and announce," top down, or voting procedures. Experience has shown that when the stakeholders are involved in designing solutions, they are more likely to support the implementation of those solutions and that the solutions are more creative and workable. The participants to the process bring their knowledge and expertise about the substance of the issues under discussion and are usually assisted by a facilitator or mediator who is expert in managing the process and who keeps a record of the proceedings.

A map of the consensus process (available separately on the DSS website) is explained below.

**Recommendations Group.** A representative group of stakeholders will be formed into the Recommendations Group (RG). Because a large group will make management of the discussion more time-intensive (compounded by the fact that some people may be involved in other ongoing initiatives in addition to their regular work), it will be limited to 22 people. While the cap of 22 decreases the diversity of perspectives at the table, it has the benefit of encouraging deeper discussions and the development of relationships, which in turn will improve the likelihood of a successful outcome.

DSS will identify between 14 and 17 individuals from the Department as well as family representatives to participate in the process. DSS representatives will be drawn from the following categories and may include others: social workers, supervisors, area program managers, attorneys, resource coordinators, area directors, regional directors, mental health specialists, union, and executive staff. The product of the process will be recommendations to the Commissioner for incorporating into the system of care design and the RFR. The Commissioner will play a central role in the DSS Regional Forums (discussed below) and will participate in several key stages of the consensus-building process.

The Recommendations Group will include five to eight representatives of the provider community selected by DSS, with the assistance of the facilitator. Provider representatives could include a mix of executive directors and senior clinical or program managers.

Qualifications of Recommendation Group members:

- Be familiar with DSS' purchased services system and current clinical roles, responsibilities and decision making;
- Be able to bring their experience to the table but not be boxed in by it;
- Be good listeners and learners;
- Be capable of articulating issues and interests beyond their own personal perspective and experience;
- Have the ability to take the time to participate in the process, which is estimated at one day per week through April 30.
- Represent or have an understanding of linguistic, cultural and geographic diversity; and
- Be willing to engage in the discussion in a collaborative and constructive manner within an agreed upon framework.

**Advisory Councils.** Advisory Councils will be established to allow key stakeholders to keep apprised of the process and to provide RG members with input and feedback. The PAC members will be jointly nominated by the Massachusetts Council of Human Service Providers, the Children's League of Massachusetts, the Mental Health & Substance Abuse Corporations of Massachusetts, and the Massachusetts Association of Approved Private Schools. A Family Advisory Council will be established, with the assistance of the Department's Family Involvement Coordinator. Members of the DSS Advisory Council will be drawn from volunteers from the Regional Forums. Each Advisory Council will meet two to three times during the consensus process.

The Advisory Councils will be combined with other outreach mechanisms to inform and educate as well as to gather feedback from DSS staff, providers, youth and families. This may include posting information and drafts on the DSS website, forming focus groups, and hosting presentations. Communication will also occur with other workgroups in the system of care design and related change initiatives.

**Stakeholder Development.** The initial phases of the consensus-building process will start on two separate tracks, one internal to DSS and the other external. Each will be designed to reach out to a broader group of stakeholders and will set the stage for meetings by the full RG.

In January and February, DSS will start a board process internally with regional forums led by the Commissioner and assisted by the facilitator. There will be several goals. Firstly, the forums will provide staff with a deeper understanding of the system of care procurement and its connection to other DSS organizational change initiatives. Secondly, they will help staff begin to articulate their values, philosophy and identify the DSS role and contribution as a public child welfare agency. Thirdly, they will examine the competencies and strengths of DSS and its partners. This will begin to engage staff throughout DSS in a dialogue examining roles and responsibilities. The forums will also be used to help identify possible members of the RG as representatives for DSS.

The external track will begin with a meeting with representatives of provider membership organizations to identify potential PAC members and to discuss the input process.

**Recommendations Group Meetings.** After the stakeholder development meetings, the RG will begin meeting. At the initial meeting the members will receive an overview of the process, discuss their roles, the role of the facilitator, assignments, and work agendas. Ground rules for participants will be discussed and agreed upon. The facilitator will propose ground rules for consideration. Typical ground rules for participation address:

- Purpose of the group;
- Roles of members, alternates, and facilitator;
- Primary responsibilities (attendance, preparation, participation);
- Rules for decision making (group's definition of consensus);
- Roles of subsidiary workgroups;
- Communication among group members and with other stakeholders; and
- Dealing with the media

RG members will then be updated on the status of the design of the System of Care, other concurrent initiatives, and statutory or other limitations and constraints to changes in roles and responsibilities. A brief workshop will be held on learning conversations, negotiation, and consensus-building.

**Outreach.** The diffuseness of the many stakeholder groups affected by the DSS System of Care and the RFR, the timeframe, and the existence of other related and parallel initiatives will require that the discussions about decision making and public/private roles and responsibilities be structured and carefully focused with opportunities for education and feedback from a wider group of stakeholders than those at the main table. During several stages of the process advice and input from a wider array of stakeholders will be sought. This may include the PAC, other provider gatherings and focus groups, and groups of DSS staff. This will effectively enlarge the circle of influence, learning, and knowledge about the discussions within the process. Various outreach efforts are most likely to occur at certain stages in the process, e.g. before finalizing criteria, options, and recommendations.

**Recommendations.** The consensus-building discussion will move beyond vague suggestions to clear delineation of roles and responsibilities and shared or delegated decision-making. As options are emerging in the process and a variety are on the table for discussion, the facilitator will draft a document containing the recommendations believed to have the broadest support and noting where further discussion is necessary. This document, often referred to as a "single text," will go through successive iterations. Although there is some risk associated with an early drafting of the document in that it may foreclose some discussion, its purpose is to focus the discussions and allow stakeholders sufficient time to consider implications in a timely fashion before a final set of recommendations is agreed upon. A report summarizing the process and final recommendations will be delivered to the Commissioner by April 30, 2004.